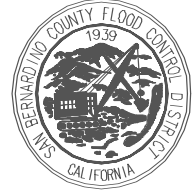


San Bernardino County
Flood Control Operations Division – Permit Section
825 East Third Street, Room 108
San Bernardino, CA 92415-0835
(909) 387-7995 - FAX (909) 387-8043
<http://www.sbcounty.gov/flood/permitHome>



FLOOD CONTROL PERMIT APPLICATION

The undersigned hereby applies for permission to encroach upon District right-of-way to perform the following work. It is understood that completing this application does not constitute permission to commence the work on District right-of-way.

Fully describe work to be performed within District right-of-way.

CHECK ALL THAT APPLY:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Access/
Encroachment | <input type="checkbox"/> Channel
Improvement | <input type="checkbox"/> Soil Removal/
Disposal | <input type="checkbox"/> Sand & Gravel
Operations | <input type="checkbox"/> Side Drain
Connection |
| <input type="checkbox"/> Utility Xing | <input type="checkbox"/> Monitoring Well | <input type="checkbox"/> Landscape | <input type="checkbox"/> Street Xing | <input type="checkbox"/> Other |

Location of Work:
(Be Specific) _____

Area (city/community): _____ District Facility: _____

APN (Assessor's Parcel Number): _____

The full 13-digit APN of the parcel(s) owned by the District that will be affected by this permit must be listed above for permit processing. The District will not process this application without a valid APN. A copy of the applicable Assessor's map(s), highlighting the affected parcel(s), must also be submitted.

Permittee (PERMIT WILL BE ISSUED TO.....)

Applicant / Designee for Permittee
ALL CORRESPONDENCE WILL BE SENT TO DESIGNEE

Contact Title

Address

Address

City State Zip

City State Zip

Applicant's Representative (PRINT)

Phone # FAX #

Applicant's Representative (SIGNATURE)

Phone # FAX #

Date

All applications shall be accompanied by 5 sets of plans, 3 sets of drainage calculations (if necessary), and filing fee.